

| POSITION                  | INITIALS | ID NO. | DATE             |
|---------------------------|----------|--------|------------------|
| FEE DETERMINATION         |          |        |                  |
| O.I.P.E. CLASSIFIER       |          |        |                  |
| FORMALITY REVIEW          | YG       | 956    | 2/15<br>03/02/01 |
| RESPONSE FORMALITY REVIEW |          |        |                  |

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 -+ ..... Restricted      O ..... Objected

| Claim | Final<br>Original | Date |
|-------|-------------------|------|
| 1     | V V V             |      |
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| 5     | V V V             |      |
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| 7     | 0 0 0             |      |
| 8     | 0                 |      |
| 9     | 0                 |      |
| 10    | 0                 |      |
| 11    | 0                 |      |
| 12    | 0                 |      |
| 13    | 0 V V             |      |
| 14    | 0 0 0             |      |
| 15    | V V V             |      |
| 16    | V V V             |      |
| 17    | ↓ V V             |      |
| 18    | V V V             |      |
| 19    | 0 - -             |      |
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| 27    | ↓ V V             |      |
| 28    | 0 - -             |      |
| 29    | V V V             |      |
| 30    | ↓ V V             |      |
| 31    | ↓ V V             |      |
| 32    | V X V             |      |
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| Claim | Final<br>Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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